

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>5-12-08</u>		2 Serial/Patent # <u>09/964,916</u>									
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT								
<input type="checkbox"/> Filing			\$								
<input type="checkbox"/> Amendment			\$								
<input checked="" type="checkbox"/> Extension of Time		8-8-07	\$ 1,020								
<input type="checkbox"/> Notice of Appeal/Appeal			\$								
<input type="checkbox"/> Petition			\$								
<input type="checkbox"/> Issue			\$								
<input type="checkbox"/> Cert of Correction/Terminal Disc.			\$								
<input type="checkbox"/> Maintenance			\$								
<input type="checkbox"/> Assignment			\$								
<input type="checkbox"/> Other			\$								
		7 TOTAL AMOUNT OF REFUND		\$ 1,020							
8 TO BE REFUNDED BY:											
10 REASON:		Treasury Check									
<input checked="" type="checkbox"/> Overpayment		Credit Deposit A/C #:									
<input type="checkbox"/> Duplicate Payment		9 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">5</td><td style="width: 20px; text-align: center;">0</td><td style="width: 20px; text-align: center;">--</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">7</td><td style="width: 20px; text-align: center;">0</td></tr></table>			5	0	--	1	1	7	0
5	0	--	1	1	7	0					
<input type="checkbox"/> No Fee Due (Explanation):											
No extension of time fee due. Paid after maximum extendable time period.											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>Kimberly Inabinet</u>		TITLE: <u>Petitions Examiner</u>									
SIGNATURE: <u>Kimberly Inabinet</u>		PHONE: <u>x24618</u>									
OFFICE: <u>Office of Petitions</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>CKH</u>		DATE: <u>6/5/08</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

**Office of Finance
Refund Branch
Crystal Park One, Room 802B**